

ATTORNEY DOCKET NUMBER
017575.0492

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Receipt
PATENT
10/004,985



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Charles H. Culp, et al.
Serial No.: 10/004,985
Filing Date: December 3, 2001
Title: SYSTEM AND METHOD FOR REMOTE RETROFIT
IDENTIFICATION OF ENERGY CONSUMPTION
SYSTEMS AND COMPONENTS

Office of Initial Patent Examination's Customer
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Assistant Commissioner of Patents
Washington, D.C. 20231

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Lee Bacon

Name

January 28, 2002

Date

Dear Sir:

REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

Attached is a copy of the Official Filing Receipt received from the U.S. Patent and Trademark Office in the above-identified patent application for which issuance of a corrected filing receipt is respectfully requested.

One of the inventors has been omitted. After "David E. Claridge, College Station, TX;" please insert **-Jeffrey S. Haberl, College Station, TX.** A corrected filing receipt is respectfully requested.

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017575.0492

PATENT
10/004,985

2

While it is believed that this is not an error by the Applicants, the Commissioner is hereby authorized to charge any amount required by this paper or credit any overpayment to Deposit Account No. 02-0384 of Baker Botts L.L.P.

Respectfully submitted this 28th day of January, 2001.

BAKER BOTTS L.L.P.

Attorneys for Applicants



Bradley P. Williams

Reg. No. 40,227

2001 Ross Avenue, Suite 600
Dallas, Texas 75201-2980
(214)953-6447
(sm)

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
10/004,985	12/03/2001	2121	559	017575.0492 (TAMUS 1555)	4	41	2

Baker Botts L.L.P.
Suite 600
2001 Ross Avenue
Dallas, TX 75201-2980

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CONFIRMATION NO. 9239
CORRECTED FILING RECEIPT



OC000000007274279

Date Mailed: 01/07/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Charles H. Culp, College Station, TX;
David E. Claridge, College Station, TX;
William D. Turner, College Station, TX;

JEFFREY S. HABERL, COLLEGE STATION
TX

Assignment For Published Patent Application

Texas A&M University System;

Domestic Priority data as claimed by applicant**Foreign Applications**

If Required, Foreign Filing License Granted 01/07/2002

Projected Publication Date: Request for Non-Publication Acknowledged

Non-Publication Request: Yes

Early Publication Request: No

**** SMALL ENTITY ****

Title

System and method for remote retrofit identification of energy consumption systems and components

Preliminary Class

700

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Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15**

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Bib Data Sheet

CONFIRMATION NO. 9239

SERIAL NUMBER 10/004,985	FILING DATE 12/03/2001 RULE	CLASS 700	GROUP ART UNIT 2121	ATTORNEY DOCKET NO. 017575.0492 (TAMUS 1555)
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APPLICANTS

Charles H. Culp, College Station, TX;
David E. Claridge, College Station, TX;
Jeffrey S. Haberl, College Station, TX;
William D. Turner, College Station, TX;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

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** 01/07/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 4	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

Baker Botts L.L.P.
Suite 600
2001 Ross Avenue
Dallas , TX 75201-2980

TITLE

System and method for remote retrofit identification of energy consumption systems and components

FILING FEE RECEIVED 559	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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